

Curado Ltd

Cranleigh Gardens

Inspection report

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Date of inspection visit:
22 August 2017

Date of publication:
15 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 August 2017 and was announced. At our last inspection in July 2015 we were unable to provide a rating for the service due to there being only one resident living at the home.

Cranleigh Gardens provides accommodation, care and support for people with mental health needs. The aim is to help people to live with more independence in the community and the average length of stay is approximately two years. There were four people using the service when we visited and one vacancy.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the systems in place for managing medicines and found the systems in place for medicines management were not always safe. We found errors with the recording procedures for medicines.

People and their relatives told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place that informed the manager and staff as well as people who used the service and their relatives about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable. People received effective care because staff were appropriately trained and supported to do their jobs.

All the people living in the home had the capacity to make decisions for themselves. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way.

People were encouraged and supported by staff to become more independent by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

People had care plans outlining the goals they wished to achieve whilst at the service and what support they required from staff to achieve them. People were involved in planning their care and their views were sought

and planned for as a central and important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

Staff respected people's privacy and treated them with respect and dignity.

People were encouraged to maintain relationships with the people that were important to them. Relatives and other visitors were made to feel welcome and told us they were free to visit people in the home.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy and that was used effectively.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. People's medicines were not always managed in a safe way.

There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm. The provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Regular checks of the environment and equipment were carried out to ensure risks were identified so they could be dealt with. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm in the home and community.

Requires Improvement ●

Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep their skills and knowledge updated.

People were encouraged and supported by staff to become more self-sufficient by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

All those people living in the home had the capacity to make rational decisions for themselves. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the DoLS.

Good ●

Is the service caring?

The service was caring. People said staff were kind, caring and supportive.

People were central in making decisions about their care. Their views were listened to and used to plan their rehabilitation care

Good ●

and support plans.

Staff respected people's dignity and right to privacy. Relatives were free to visit the home without restrictions.

Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met. These plans reflected people's individual choices and preferences for how they wanted to live their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in their home and community.

People told us they were comfortable raising any issues or concerns they might have and they felt these would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well-led. Staff told us they thought the service was well managed and they experienced a positive working environment. People's views and those of their relatives were sought about the quality of care and support they experienced. Staff acted on people's suggestions for improvements.

The registered manager carried out regular checks to monitor the safety and quality of the service.

Good ●

Cranleigh Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August and was announced. It was carried out by a single inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with four of the people living at Cranleigh Gardens and one of their relatives, a social worker, the registered manager and three members of staff. We observed the provision of care and support to people living in the home. We looked at three people's care records and three staff records and reviewed records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safely supported by staff at Cranleigh Gardens. One person said, "It's so much better here than where I was before." Another person said, "I'm fine thanks. I like it here. I'm looking forward to moving on to my own flat." At our inspection we observed a relaxed, friendly atmosphere. We saw that people felt safe with staff.

We looked at a random sample of medicine administration record (MAR) sheets. We found there were some gaps in the records where staff had not signed when they administered medicines to people. Equally the daily audit of medicines stocks had not picked up the error. We spoke with the registered manager about this and the procedures for administering medicines to people. The registered manager told us from this point on, they would check the audit weekly to ensure that no further errors occur. This should help to ensure people's medicines are managed safely. We were able to see that the medicines were taken by the person concerned and the error was in the fact that no record of it was made.

Staff told us that when people arrived at Cranleigh Gardens their medicines were administered to them. However they said that when people were ready staff encouraged and supported them to take their own medicines. One person said, "I now look after my medicines myself with support from staff." The registered manager told us that only trained staff were allowed to administer medicines to people but that some people were encouraged and supported to self-medicate as a part of their rehabilitation programme.

People's medicines were managed so that they received them safely. We found that there were appropriate arrangements in place in relation to obtaining, storing and the administering of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet.

The provider helped people to be protected from abuse. Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. They described how they would recognise the signs of potential abuse and what they would do to prevent and report it, if it occurred with the people they supported. We looked at records that showed what training had been received. We saw certificated evidence for those staff whose records we checked for safeguarding adult's training. The registered manager told us if there were any concerns or safeguarding incidents they would report them to the CQC and to the local authority safeguarding teams.

Staff told us they were required to know the appropriate policies and procedures to help safeguard people, which included; staff whistle blowing, how to make a complaint, and reporting accidents and incidents. They said they had to sign to say they had read and understood them. We saw evidence of this.

Risks to people had been assessed and the risks managed through people's care plans so that they were appropriately protected and supported. We saw care plans and risk assessments had been recently reviewed with the person concerned, their relatives, staff and local authority care managers.

The service had other risk assessments and risk management plans in place to ensure identified risks were

minimised so that people and staff were helped to keep safe and protected. Regular service and maintenance checks of the home and equipment had been undertaken. There was an up to date fire risk assessment, a daily room and environment audit and a quarterly health and safety check to help to ensure any risks were identified so they could be dealt with. We saw records that confirmed what we were told and we saw these had been maintained to date. We observed the home was clean, tidy and kept free of clutter. This meant that people could live safely in the home.

People said there were enough suitably qualified and experienced staff to keep people safe and to meet their needs. One person said, "Yes there are enough staff here." We looked at the rota and we saw that the staff ratio to people should provide sufficient cover to meet the needs of people. The registered manager told us if people's needs increased, there were provisions in place for additional staff support to be provided as required.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure that the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Is the service effective?

Our findings

Staff received regular training and support to meet the needs of people using the service. Records showed the registered manager met regularly with staff to discuss and appraise their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us they attended regular one to one supervision meetings.

One member of staff said, "I meet with the manager every four to six weeks and I find it helpful. We discuss resident's issues, my training needs and any other business relevant to the home." Another member of staff told us, "Access to training is really good and I find it really useful with my job. I have done lots of training over the last year." We looked at staff records and found training information on all the staff files. There was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. We noted that there was additional specific training that was accessed by staff such as that for the Mental Capacity Act and working with personality disorders, both additions to the training programme.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with people they were actively involved in their rehabilitation programmes and were encouraged to make decisions about their care and support needs. The aim of the programme of care and support provided at Cranleigh Gardens is to enable people to move on to more independent accommodation and to successfully support themselves wherever possible. The care records we saw showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented. All the people living at the home had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. The registered manager said that people's capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests.

People were assisted in planning their shopping and preparing their meals, so they could have a healthy and balanced diet. One person said, "I plan my own meals most of the time and we shop for ourselves, but staff help us when we need it." Another person said, "I couldn't cook anything before but I've learnt to cook a few meals now." People were encouraged to shop and cook their own food and provided with appropriate support when required. Some meals were also provided for people. People told us they enjoyed their meals and were pleased to gain the experience they hoped would help them to be able to live more independently in the future. We met a member of staff who told us their role covered doing some cooking for people but also provided specific training for people to gain their own skills with shopping, cooking and preparing meals. They said they found their role very rewarding as it was good to see people being enabled to learn new skills and to become more self-sufficient.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular annual health checks.

People's health care needs were also well documented in their care plans. We could see that contacts people had with health care professionals were recorded in their health care plan.

People were supported by staff to maintain their physical and mental health. A relative said, "[My family member's] health is looked after there." The care and support people needed from staff was documented in their records. This included information about the support people needed to access healthcare services such as the GP, community psychiatric nurse or psychiatrist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented.

Is the service caring?

Our findings

One person told us, "The staff here do care and they show they are caring in what they do." Another person said, "I've had a lot of help here from the staff. The staff have been caring and supportive to me." A relative said, "They look after [my family member] and treat them well."

When we inspected people's care files we saw that comprehensive referral information had been provided by agencies for people hoping to live at Cranleigh Gardens. There was also good needs and risk assessment information on the files. Staff told us they were expected to read this information so that they had a better understanding of people, their personal histories, their preferences, their needs and their aspirations. During the inspection we saw the conversations and interactions between people and staff were warm and friendly yet respectful. Staff knew people well and they used this knowledge to build trusting relationships with people. Staff told us they did this so they could best engage with people to help them build their self-confidence and to develop strategies that would help them achieve their goals of moving on successfully into more independent living. In our conversations with staff we noted they talked about people in a caring and respectful way.

As an important part of the rehabilitative programme people were encouraged to express their views and be involved in making as many decisions about their care and support as possible. People's records showed that people and where appropriate their family members and other healthcare professionals had been involved in the planning of their care and support needs. As part of this process people's views and preferences had been sought and discussed which meant the care and support they received was reflective of their personal preferences. We saw that advocacy services were advertised on notice boards in the home and were therefore available for people to use if they or their relatives wanted to do so.

We saw that people's right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people's privacy and dignity when their care was being discussed. Staff told us they ensured this was done out of the earshot of anybody else. During the inspection we observed staff knocked on people's doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People's records were kept securely within the home so that their confidential personal information was protected.

People were supported to be independent in the home and community. Records showed each person had time built into their weekly activities timetable for laundry, cleaning, shopping and any other tasks aimed at promoting people's independence.

A relative said there were no restrictions on them visiting their family member at the home. They said, "I'm always welcomed and I can pop in whenever I like." The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

Is the service responsive?

Our findings

For each person's file we inspected we saw there was a care plan in place. People contributed to the process of their care planning. Care records indicated that sometimes people's contribution was less at the beginning of their placement in the home. We could see that this coincided with times when they were less well but increased over time as their mental well-being increased and their aim for achieving more independent living became more likely. The care plans we saw identified each person's needs and their short and long term goals. Information was included in people's records about what people could do for themselves, their strengths, and how staff could support people to achieve the identified goals. We saw from the daily records how staff actually supported people and we saw this was consistent with the information in their care plans. People's care plans that we inspected had been reviewed regularly and all within the last three months.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people's care records. These enabled staff to be informed of any changes in people's support needs and to identify progress the person had made since being at the service. We saw from the records there was good joint working with other professionals involved in people's care. People were encouraged and supported by staff to undertake various activities and tasks. Records showed people had individual goals and aspirations which had been agreed with them and was aimed at increasing their independence in the home and community. We saw from activity records we inspected people had a varied and wide timetable including courses and adult education classes as well as gym and going for meals out. Staff told us they enjoyed supporting people in these activities because it indicated they were working to gain more independence for themselves and improved integration in the community.

House meetings were held with people using the service. These meetings gave people the opportunity to discuss any concerns they had or what they wished to receive whilst at the service. These meetings were often used to discuss the service's menu and the activities on offer, including any day trips they wished to take part in. We viewed the minutes from the last two meetings. We saw on one set of meeting minutes that there was discussion about the importance of fire safety.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the registered manager's investigation. We saw that complainants were invited to a meeting if they wanted to discuss a complaint further.

Is the service well-led?

Our findings

Staff told us they the registered manager was very supportive and they were able to raise any concerns they had. They told us there were regular staff team meetings and supervision meetings as well as frequent informal occasions where things could be discussed. Staff said the manager was "helpful and supportive" and they felt there was a good team spirit that made working in the home a positive experience for them. They said they felt well supported by their colleagues. Staff felt they were included in discussions about the service and they felt involved in service progression and development.

Staff meetings were held quarterly. A member of staff told us, "The meetings are a good way of sharing information with everyone so you all know what is going on." We viewed the minutes from the last two meetings. This was used to reinforce with staff the importance of accurate recording in care files, the importance of confidentiality, and the involvement of people in activities. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

People told us they thought the registered manager was a good listener and responded positively to any valid suggestions they made. The registered manager told us they had asked people who used the service and their relatives for their opinions and they were asked to complete a satisfaction survey annually. We viewed the findings from the satisfaction survey undertaken in July 2017. These showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk.

The director told us they had carried out more extensive feedback surveys that included health care professionals involved in the care provided to people about their experiences of the service but they had not received all the feedback yet. They said the results would be analysed and an action plan drawn up where necessary.

The registered manager also undertook audits to review the quality of the care provided for people using the service. These placement reviews, we were told were undertaken monthly and reviewed each person's placement and their needs. This was in order to ensure their care plan objectives remained appropriate to their needs. A quarterly monitoring report was also undertaken that included audits of the health and safety processes and fire safety equipment. As already mentioned earlier in this report a weekly medicines management audit was also undertaken.

No concerns were identified in the audits we viewed, and they showed that the care and support provided by staff was in line with the service's policies and procedures.

The registered manager ensured that statutory notifications were sent as required. Information was included to do with incidents that required notification to the CQC and the registered manager was clear about what was required to be reported.